

COMPLIANCE CHECKLIST

► Psychiatric Nursing Unit

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each nursing unit.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

<p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p>
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Psychiatric Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

___ Locked unit or ___ Unlocked unit

2.3-2.1.1 ___ PATIENT ROOMS

2.1.1.1 ___ 2 patients max. capacity per room

2.1.1.2 Min. clear functional area
 ___ 100 sf single-bed
 ___ check if no single- bed room in project
 ___ 80 sf/bed multibed
 ___ check if no multibed room in project

2.1.1.3 ___ Window in each patient room

2.1.1.4 ___ Desk or writing surface for each patient

2.1.1.5 ___ Toilet room
 ___ accessible without entering the general corridor
 ___ serves no more than 2 patient rooms

2.1.1.6 ___ Closet/wardrobe for each patient
 ___ sized for 7-day storage

2.3-2.2.1 ___ SECLUSION TREATMENT ROOM

2.2.1.1 ___ designed for short-term occupancy by one patient
 ___ 1:24 psych. beds ratio

2.2.1.2 ___ Location allows direct staff supervision

2.2.1.3 ___ Restraint bed or ___ No restraint bed
 ___ min. floor area 80 sf ___ min. floor area 60 sf
 ___ min. wall length 7'-0"
 ___ max. wall length 11'-0"

2.2.1.5 ___ Constructed to avoid patient injury
 ___ One-hour fire rated construction
 ___ No outside corners or edges within room

Door to seclusion room:

___ outswinging
 ___ vision panel

2.2.1.4 ___ Anteroom

___ Toilet room
 ___ direct access from anteroom only

___ Vent. min. 6 air ch./hr

Lighting:

___ reading light for each bed
 ___ general lighting
 ___ night light

Power:

___ duplex receptacle on each
 side of each bed
 ___ additional duplex receptacle
 for each motorized bed

___ Handwashing station

___ Vent. min. 10 air ch./hr (exhaust)

___ Vent. min. 6 air ch./hr

___ No electrical switches

___ No electrical receptacles

___ Vent. min. 2 air ch./hr

___ Handwashing station

___ Vent. min. 10 air ch./hr (exhaust)

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS

- 2.1-2.3.9.1** ☐ Clean linen storage
- 2.3-2.7.11.2** ☐ Wheelchair storage
☐ out of the path of normal traffic
- 2.3-2.7.11.3** ☐ Emergency equipment storage
- 2.3-2.7.11.4** ☐ Administrative supplies storage
- 2.3.10** ☐ Housekeeping room on the nursing floor
(may serve more than one nursing unit)
- 2.3-2.8.1** ☐ Staff lounge
☐ min. 100 sf
- 2.3-2.8.2** ☐ Staff toilet room(s)
- 2.3-2.8.3** ☐ Secure storage for staff personal items
- 2.3-2.9.1** ☐ Social spaces
☐ noisy activity & dining room combined ☐ or ☐ noisy activity room
☐ min. 120 sf ☐ min. 120 sf
☐ quiet activity room ☐ min. 120 sf
☐ min. total floor area 25sf/bed(noisy/quiet)
☐ 40 sf/bed ☐ separate dining room
☐ min. 20 sf/bed
- 2.3-2.9.2** ☐ Showers & bathtubs:
☐ 1:6 bed ratio
- 2.3-2.9.3** ☐ Patient laundry
☐ automatic washer/dryer
- 2.3-2.9.4** ☐ Secure storage for patients' harmful belongings

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Vent. min. 2 air ch./hr
- ☐ Service sink or floor receptor
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Vent. min. 6 air ch./hr
- ☐ Vent. min. 10 air ch./hr
- ☐ Vent. min. 6 air ch./hr

GENERAL STANDARDS**DETAILS AND FINISHES****Corridors**

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 6'-0" (NFPA 101)

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in facility

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms

___ 9'-0" in seclusion rooms (2.2.1.5(4))

Doors (8.2.2.3)

___ All doors are swing-type

___ Patient rooms doors min. 3'-8"w x 7'-0"h

___ Doors for stretchers or wheelchairs min. 2'-10" wide

___ Doors to occupiable rooms do not swing into corridors

___ Toilet room doors are outswinging or double-acting

___ Bathing room doors are outswinging or double-acting

___ Emergency access hardware on patient toilet/bathing doors

Windows (6.2.2.2 & 8.2.2.5):

___ safety glazing or ___ protective screens (polycarbonate, laminate, or safety screens)

___ operable windows

☐ check if all windows are fixed

___ window operation prohibits escape or suicide

___ insect screens

Glazing (8.2.2.7)

___ Safety glazing in all locations (6.2.2.2)

Handwashing Stations (8.2.2.8)

___ Handwashing sink

___ Soap dispenser

___ Hand drying facilities

Grab Bars (8.2.2.9)

___ Grab bars in all patient toilets & bathing facilities

___ 1½" wall clearance

___ 250 lb. Capacity

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

Ceilings (8.2.3.6)

___ Tamper-resistant ceiling & fixtures in patient rooms, toilet rooms & seclusion room

___ ceiling construction

___ lighting fixtures

___ ventilation fixtures

___ sprinkler heads

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ Non-slip walking surface at tubs & showers

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)